

# Apex Center Group Reservation Form



Name of Group: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Reservation Date: \_\_\_\_\_ Arrive: \_\_\_\_\_ Depart: \_\_\_\_\_  
 Age Range of Participants: \_\_\_\_\_ Number of Youth Participants: \_\_\_\_\_  
 Number of Adult Male Chaperones: \_\_\_\_\_ Number of Adult Female Chaperones: \_\_\_\_\_

## ACTIVITIES

(please mark all that apply)

Aquatics: \_\_\_\_\_ Fitness Area: \_\_\_\_\_ Gyms: \_\_\_\_\_ Clubhouse: \_\_\_\_\_  
 Climbing Wall: \_\_\_\_\_ (belay attendant and 2 weeks noticed required. \$25/hour/attendant)  
 Ice Skating: \_\_\_\_\_ (please check availability. \$3.75 addition per guest)

## GENERAL INFORMATION

- **Group admissions is non-refundable.**
- Group admission rate is for groups of 20 or more. The rate is \$5.50 per person. Ice skating can be added for an additional \$3.75 (includes skate rental).
- **Anyone going past the Admissions Gate must pay the admission fee. Sorry, no free spectators.**
- Groups of 10+ wishing to use the climbing wall must reserve a belay attendant.
- All climbing wall participants must have an Rock Wall Waiver signed by a legal guardian.
- Belay attendants are only available during designated times or by appointment.
- Public skating times vary each day so please call 303-403-2598 to confirm times.
- Fitness area is only available for participants 16 years or older unless the participant has taken the Apex Center weight room orientation class.
- No glass allowed.
- No outside tables or chairs.

## PUBLIC SKATING HOURS

Monday-Friday	11 am-1 pm	Wednesday	6:30-8 pm	Saturday	3-4:30 pm, 7:15-8:45 pm
		Friday	7:15-8:45 pm	Sunday	3-4:30 pm

In consideration of being permitted to take part in the activity or utilize the facility, service, or equipment set forth herein, I expressly agree as follows on my own behalf and on behalf of the child or children set forth herein for whom I am responsible (collectively referred to as "my Child"): I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in physical injury or death to the participant. I hereby assume all risks of personal injury, death, and property damage arising from any negligence of Apex Park and Recreation District, the City of Arvada, their directors, officers, employees, agents, representatives and sponsors (such parties are collectively referred to as the "District") whatsoever arising while my Child, or I, are participating in such activity. I, and my Child, are in good health and are physically able to participate in such activity. I, on my own behalf and on behalf of my Child (and his or her personal representatives and heirs), hereby unconditionally waive and release (and unconditionally agree to indemnify, defend, and hold harmless) the District from injury or death that I or my Child may sustain in connection with said activities or use of such facilities, services, or equipment. I also authorize and consent to any emergency x-ray examination, medical diagnosis, or treatment or hospital care to be rendered to me or my Child under the general or special supervision, and on the advice of any physician licensed to practice in the state of Colorado. Participants may be photographed while utilizing the facility, services, or participating in a District program and said photographs, or likeness of me or my Child, may be used to publicize activities as the District deems appropriate.

Preferred method of confirmation: Mail: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please make sure the contact info above is correct. Thank you!

Signature \_\_\_\_\_ Date \_\_\_\_\_

## For Office Use Only

HH#: \_\_\_\_\_ Reservation #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_